

Massachusetts Hospital School



WHO WE ARE:

- A fully accredited J.C.A.H.O. hospital operated by the Massachusetts Department of Public Health,
- Serving children, adolescents and young adults from Massachusetts who have physical disabilities,
- In order to provide comprehensive services ensuring development of their maximum potential.

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MASSACHUSETTS HOSPITAL SCHOOL
3 RANDOLPH ST
CANTON MA 02021-9841





WHAT WE DO:

MEDICAL

- J.C.A.H.O. accredited 120 bed residential facility
- Outpatient services including therapies and clinics, i.e. Brace, Podiatry, Dental
- Experiential independent living training

REHABILITATION SERVICES

- Physical Therapy
- Occupational Therapy
- Speech/Language Therapy
- Rehabilitation Engineering
- Adaptive Seating
- Assistive Technology Services

EDUCATION

- 180 day school year
- Functional skills, academics, transition and vocational programs
- Adaptive equipment alternative communication systems, computer-based learning
- Creative Arts program
- Individual special education through Massachusetts Department of Education

RECREATION

- Extensive recreational programming
- Competitive Sports including swimming, track and field, basketball, hockey
- Summer Day program
- Hobby/Learning activities
- Outdoor education through gardening, boating, fishing and animal care
- Horseback riding
- Pool activities

“We stimulate growth by valuing individual differences, building self-assurance, allowing reasonable risk taking, experience of friendships and the development of responsibility.”



At MHS each child is given the opportunity to grow as an individual, and to develop self-care skills and self-assurance that will serve them a lifetime.



MASSACHUSETTS HOSPITAL SCHOOL
3 Randolph Street
Canton, MA 02021-9841
WEBSITE: <http://www.magnet.state.ma.us/dph/burhosp.htm>
TELEPHONE: 781-828-2440 • FAX: 781-821-4086

PLEASE SEND ME THE FOLLOWING ADDITIONAL INFORMATION:

☐ ADMISSIONS APPLICATION PACKAGE

☐ VIDEO TAPE

☐ INDIVIDUAL DEPARTMENTAL AND PROGRAM FACT SHEETS:

If you have a specific educational, therapeutic or medical area of interest, please indicate that interest below. We will send you the appropriate fact sheet(s).

☐ TOUR INFORMATION

Name/Title	
Organization	
Address	
City	State
Zip Code	
Telephone	Extension
(Best time to call)	

Area of Special Interest